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RECEIVED  
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17 July 2002

Letter of Appeal  
Federal Communications Commission  
Office of the Secretary  
445 – 12th Street, SW  
Room TW-A325  
Washington, DC 20554

CC Docket Nos. 96-45 and 97-21

Dear FCC:

The Dubuque Community School District, in Dubuque, Iowa, is requesting an appeal for a Year 3 funding problem. We realize that the deadline has past for filing for Year 3 appeals. However, our particular appeal is unique, and we are hoping that the capability exists to decide in our favor so that we may receive the funding due us. The vendor in question, US West (QWEST) fully supports this appeal request. We have tried several ways to make our situation work and are now resorting to this one last attempt. We do not have an appeal pending before the SLD regarding this matter. We have exhausted all appeal possibilities with the SLD.

The pertinent identifying and background Information:

- Billed Entity #: 132448
- Name of Billed Entity: Dubuque Comm School District
- SPIN #: 143005231 (US West Communications, Inc./QWEST)
- Year 3 Applicant's Form 486 Identifier: 48603
- Re-filed Year 3 Applicant's Form 471 Identifier: 2000-2001471TJ (*not entered as received...see copy of postcard*)
- Year 3 471 Funding Application #: 181693
- Year 3 FRN #: 371983
- Year 4 Funding Application #: 233766
- Year 4 Funding Request # 678363 (contract: IA-07659)...for reference purposes
- Year 4 Funding Request # 678364 (contract: IA-02686)...for reference purposes
- Year 4 Funding Request # 678365 (contract: IA-02085)...for reference purposes
- Case #: 118192 submitted on March 12, 2002
- Case #: 150185 submitted on October 26, 2001 (*there was a Year 2 situation where we underestimated our actual expenses...this is not a part of this particular request*)

You can find more details of our situation by checking the case numbers listed above. We must add that the SLD helpline people have been very cooperative and have spent considerable time attempting to resolve our situation. At one time, we were also working with the QWEST people and they were able to get SLD management on the line to assist us. It was during that phone

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conversation on November 14, 2001 that Mark, from the SLD, suggested filing a properly filled out Form 471. This form was filed on December 4, 2001.

The problem with our Year 3 funding request started with TJ Bangs, a US West employee, who visited Dubuque on Wednesday, January 5, 2000 to assist us with our Year 3 E-Rate funding application process. He worked with us throughout the morning. Bangs presented himself as the designee of US West (QWEST) assigned to assist schools with the funding process. In short, he gave us the wrong directions, resulting in a potential loss of most of our Year 3 discount funding to our school district.

Except for Year 1 of the E-Rate process, (in Year 1 we sought, but were denied, the funding for Internal Connections) the Dubuque Community School District has applied for discounts in three areas only, (1) Centrex Plus, (2) T-1 monthly leased lines, and (3) a DS3 monthly leased line. Because of this, our application process was and is pretty straight-forward, except for the Year 3 glitch and the dilemma we find ourselves in as a result of following the directions of US West's TJ Bangs. Our school district recognizes that it is our responsibility to complete the E-Rate application correctly. However, when involved in a work session with the designated E-Rate specialist from US West, we deferred to his directions. Specifically, Bangs stated that "we were only making a minor modification to existing contracts (for T-1 and DS-3 monthly leases) cited from Year 2" (Block 2, #7 of Form 471), and that we need only reference our Year 2 contracts. Our ongoing contract numbers with QWEST are for (1) Centrex Plus, IA-07659, (2) T-1 monthly leased lines, IA 02686, and (3) DS3 monthly leased line, IA 02085.

As a result of the problem outlined above, the school district will not be able to claim most of its entitled E-Rate refunds for Year 3.

We must also add that Joyce Groom, out of the Des Moines, Iowa office, and others at QWEST, understand our situation and are supportive of our request. We have had several conversations with her and she has been very helpful and cooperative. QWEST recognizes that the refund is just and certifiable. They are hoping, as we are, that a resolution can be found that is both fair and simple. QWEST officials have assisted us in working with the SLD, as previously noted.

We feel that a considerable amount of administrative time, on both our part and on QWEST's part, to resolve our situation has already been attempted. We would be most appreciative if a resolution can be found as a result of writing this appeal.

If you look at the attached Year 4 Funding Commitment Report, you will see exactly what Year 3 should have looked like. We must also add that we have received our Year 5 report and all looks well in that regard.

We did submit a Form 471 per the directions of Mark from your helpline (Applicant's Form Identifier #: 2000-2001471TJ). That form was not received because the filing window was closed. The simplest solution would be a ruling on our behalf that allows the Year 3 refund to occur pending us sending the proper documentation to QWEST.

We look forward to your response and stand ready to provide you with any additional information you might request. If it is easier to communicate initially by e-mail, my address is [cellis@dubuque.k12.ia.us](mailto:cellis@dubuque.k12.ia.us). If you need to call, my direct line is 563-588-5148.

Cordially,

A handwritten signature in black ink that reads "Charles J. Ellis". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Charles J. Ellis  
Director of Instructional Technology  
Dubuque Community School District

Enclosed:

- Year 1 Funding Commitment Report
- Year 2 Funding Commitment Report
- Year 3 Funding Commitment Report
- Year 4 Funding Commitment Report
- Year 3 denial postcard for a properly filed Form 471
- Year 3 Form 471 filed with our applicant identifier number 2000-2001471TJ
- Year 3 Form 486



FUNDING COMMITMENT REPORT FOR APPLICATION NUMBER: 0000135174

Funding Request Number: 0000201959      Funding Status: Funded  
SPIN: 143005231      Service Provider Name: U S WEST  
Provider Contract Number: MIN9804280801 AND 0802  
Services Ordered: Internet Access  
Earliest Possible Effective Date of Discount: 07/01/1999  
Contract Expiration Date: 05/06/2003  
Pre-discount Cost: \$41,040.00  
Discount Percentage Approved by the SLD: 52%  
Funding Commitment Decision: \$21,340.80 - 471 approved as submitted

*Leased  
line*

*Year 2 Report*

FUNDING COMMITMENT REPORT FOR APPLICATION NUMBER: 0000135173

Funding Request Number: 0000201919      Funding Status: Funded  
SPIN: 143005231      Service Provider Name: U S WEST  
Provider Contract Number: T  
Services Ordered: Telecommunications Services  
Earliest Possible Effective Date of Discount: 07/01/1999  
Contract Expiration Date: N/A  
Pre-discount Cost: \$156,000.00  
Discount Percentage Approved by the SLD: 52%  
Funding Commitment Decision: \$81,120.00 - 471 approved as submitted

*Center  
long distance*

*Year  
2*

FUNDING COMMITMENT REPORT

Form 471 Application Number: 181693

Funding Request Number: 371983      Funding Status: Funded  
SPIN: 143005231      Service Provider Name: U S West Communications, Inc.  
Contract Number: IA-07659  
Services Ordered: Telecommunications Services  
Earliest Possible Effective Date of Discount: 07/01/2000  
Contract Expiration Date: 06/30/2005  
Billing Account Number: 3195885100  
Pre-Discount Amount: \$67,420.20  
Discount Percentage Approved by the SLD: 53%  
Funding Commitment Decision: \$35,732.71 - 471 approved as submitted

*Year 3*

# FUNDING COMMITMENT REPORT

Form 471 Application Number: 233766  
 Funding Request Number: 678363 Funding Status: Funded  
 Services Ordered: Telecommunications Service  
 SPIN: 143005231 Service Provider Name: Qwest Corporation fka US West  
 Contract Number: IA-07659  
 Billing Account Number: 319.588.5100  
 Earliest Possible Effective Date of Discount: 07/01/2001 *Cortex Plus*  
 Contract Expiration Date: 06/30/2005  
 Pre-Discount Amount: \$133,611.84  
 Discount Percentage Approved by the SLD: 53%  
 Funding Commitment Decision: \$70,814.28 - FRN approved as submitted

Funding Request Number: 678364 Funding Status: Funded  
 Services Ordered: Telecommunications Service  
 SPIN: 143005231 Service Provider Name: Qwest Corporation fka US West  
 Contract Number: IA-02686  
 Billing Account Number: 319.588.5100  
 Earliest Possible Effective Date of Discount: 07/01/2001 *T-1 monthly lease*  
 Contract Expiration Date: 02/04/2004  
 Pre-Discount Amount: \$29,258.81  
 Discount Percentage Approved by the SLD: 53%  
 Funding Commitment Decision: \$15,507.17 - FRN approved as submitted

Funding Request Number: 678365 Funding Status: Funded  
 Services Ordered: Telecommunications Service  
 SPIN: 143005231 Service Provider Name: Qwest Corporation fka US West  
 Contract Number: IA-02085  
 Billing Account Number: 319.588.5100  
 Earliest Possible Effective Date of Discount: 07/01/2001 *DS3 monthly lease*  
 Contract Expiration Date: 10/01/2003  
 Pre-Discount Amount: \$15,408.00  
 Discount Percentage Approved by the SLD: 53%  
 Funding Commitment Decision: \$8,166.24 - FRN approved as submitted

*Year 4 Report*

*Years 1-2-3 should  
 resemble this  
 Cortex phone service  
 Leased lines  
 Long distance*

**YOUR FORM 471 HAS BEEN RECEIVED –  
BUT AFTER THE JANUARY 19 WINDOW CLOSED**

We're sending this card to thank you for your recent Form 471 application but to let you know that your application was received by the Schools and Libraries Division/USAC after the 2000-2001 filing window closed at 11:59 p.m. ET on January 19, 2000.

We now know that funds will be insufficient to cover applications received after January 19, 2000. Therefore, we will not be processing your Form 471 application. We encourage you to re-apply for discount funds in 2002-2003.

For more information, please visit our web site at [www.sl.universalservice.org](http://www.sl.universalservice.org).

Schools and Libraries Division  
Universal Service Administrative Company



Year 3 Re-do 12/4/01

FCC Form 471

Do not write in this area.

Approval by OMB  
3060-0806

**Schools and Libraries Universal Service  
Services Ordered and Certification Form 471**

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See [www.sl.universalservice.org](http://www.sl.universalservice.org) for filing this form online)

Applicant's Form Identifier: 2000-2001471TJ  
(Create your own code to identify THIS Form 471)

Form 471 Application #: \_\_\_\_\_  
(To be inserted by Fund Administrator)

**Block 1: Billed Entity Information**

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	<u>DUBUQUE COMM SCHOOL DISTRICT</u>		
2	Funding Year: July 1, <u>2000</u> through June 30, <u>2001</u>	3	Entity Number (up to 10 digits) <u>0000132448</u>	
4a	Street Address, P.O. Box, or Route Number	<u>2300 CHANEY ROAD</u>		
	City <u>DUBUQUE</u>	State <u>IA</u>	Zip Code <u>52001-3059</u>	
b	Telephone Number (10 digits + ext.)	<u>(563) 588-5100</u> ext. _____		
c	Fax Number (10 digits)	<u>(563) 588-0377</u>		
d	E-mail Address (50 characters max.)	<u>cellis@dubuque.k12.ia.us</u>		
5	Type of Application			
	<input type="checkbox"/> School (public or non-public school)			
	<input checked="" type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools)			
	<input type="checkbox"/> Library (library (i.e. outlet/branch, system))			
	<input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.			

6a	Contact Person's Name	<u>CHARLIE ELLIS</u>		
	First, fill in <b>every</b> item of the Contact Person's information below that is different from Item 4, above.			
	Then check the box next to the preferred mode of contact. (At least one box <b>MUST</b> be checked.)			
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number			
	City	State	Zip Code	
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	<u>(563) 588-5148</u> ext. _____		
d	<input type="checkbox"/> Fax Number (10 digits)	<u>( )</u> - - - - -		
e	<input checked="" type="checkbox"/> E-mail Address (50 characters max.)	<u>cellis@dubuque.k12.ia.us</u>		
f	Holiday/vacation/summer contact information:			

**Block 2: Minor Modification to Existing Contract?**

7	<input type="checkbox"/> Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.
	Form 471 Application #: _____ Funding Request Number: _____
Minor modification requests can be filed MANUALLY only. Please see <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for filing instructions.	

Entity Number 0000132448  
Contact Person CHARLIE ELLIS

Applicant's Form Identifier 2000-20014717J  
Phone Number 563.588.5148

### Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served

9,985

b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?		
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d	Dial-up Internet connections: How many before and after your order?		
e	Dial-up Internet connections: Highest speed before and after your order?		
f	Direct connections to the Internet: How many before and after your order?		
g	Direct connections to the Internet: Highest speed before and after your order?		
h	Internet access (for schools): How many rooms have Internet access before and after your order?	<u>1,200</u>	<u>1,200</u>
i	Internet access (for libraries): How many buildings have Internet access before and after your order?		
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	<u>900</u>	<u>1,000</u>
k	Other technology outcomes: (please specify):		

### Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number 0000132448  
 Contact Person CHARLIE ELLIS

Applicant's Form Identifier 2000-2001471TJ  
 Phone Number 563.588.5148

## Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-1

Page 1 of 3

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: \_\_\_\_\_

School District Entity Number: \_\_\_\_\_

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
FORUM (CENTRAL OFFICE)							
JONES	59776	U	367	48	13.07 %	40 %	146.8
AUDUBON	59769	U	369	245	66.39 %	80 %	295.2
BRYANT	59786	U	370	101	27.30 %	50 %	185
SENIOR	59771	U	1474	360	24.42 %	50 %	737
EISENHOWER	59763	U	565	113	20 %	50 %	282.5
FULTON	59768	U	328	242	73.78 %	80 %	262.4
HEMPSTEAD	59782	U	1690	196	11.59 %	40 %	676
HOOVER	59770	U	310	79	25.48 %	50 %	155
Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)



Entity Number 0000132448  
Contact Person CHARLIE ELLIS

Applicant's Form Identifier 2000-2001471 TJ  
Phone Number 563.588.5148

## Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1

Page 2 of 3

**Instructions:** If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

**10a If you are:**

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

**10b List entities and calculate discount(s).**

School District Name: \_\_\_\_\_

School District Entity Number: \_\_\_\_\_

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col 5 ÷ Col 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col 4 x Col 7)
IRVING	59767	U	509	150	29.47 %	50 %	254.5
JEFFERSON	59765	U	719	227	31.57 %	50 %	359.5
KENNEDY	59783	U	497	72	14.48 %	40 %	198.8
LINCOLN	59779	U	386	214	55.40 %	80 %	308.8
MARSHALL	59766	U	327	146	44.64 %	60 %	196.2
PRESCOTT	59774	U	236	229	97.03 %	90 %	212.4
SAGEVILLE	59784	U	362	91	25.14 %	50 %	181
TABLE MOUND	59787	U	372	143	38.44 %	60 %	223.2
WASHINGTON	59778	U	719	198	27.54 %	50 %	359.5
Totals for calculating Weighted Average Discount							

**10c Weighted Average Discount % for Shared Services** (Col. 8 total divided by Col. 4 total. Round to nearest %)



Entity Number 000013244B  
Contact Person CHARLIE ELLIS

Applicant's Form Identifier 2000-2001471TJ  
Phone Number 563.588.5148

## Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A- 1

Page 3 of 3

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: \_\_\_\_\_

School District Entity Number: \_\_\_\_\_

1	2	3	4	5	6	7	8
Name of Eligible School	Entity Number	Urban or Rural U or R	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP (Col. 5 ÷ Col. 4)	Discount % from Discount Matrix	Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
CENTRAL	59780	U	169	85	50.29%	80%	135.2
Totals for calculating Weighted Average Discount			9,169				5,169

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

→ 53%

Entity Number <u>0000132448</u> Contact Person <u>CHARLIE ELLIS</u>	Applicant's Form Identifier <u>2000-2001471 TJ</u> Phone Number <u>563.588.5148</u>
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## Block 5: Discount Funding Request(s)

Block 5, page 1 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u> <b>16 Billing Account Number</b> (e.g., billed telephone number) <u>5635885100</u>
<b>12 Form 470 Application Number</b> (15 digits)	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <u>04/09/1998</u>
<b>13 SPIN - Service Provider</b> <b>Identification Number</b> (9 digits) <u>143005231</u>	<b>18 Contract Award Date</b> (mm/dd/yyyy) <u>05/07/1998</u> <b>19a Service Start Date</b> (mm/dd/yyyy) <u>07/01/2000</u> <b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2001</u>
<b>14 Service Provider Name</b> <u>US WEST (QWEST)</u>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <u>05/06/2003</u>

<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>TJ-1</u>
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)
\$ 2,792.00	\$ 0.00	\$ 2,792.00	12	\$ 33,504.00	\$ 1,500.00	0.00	\$ 1,500.00	\$ 35,004.00	53%	\$ 18,552.12

Entity Number <u>0000132448</u> Contact Person <u>CHARLIE ELLIS</u>	Applicant's Form Identifier <u>2000-2001471 TJ</u> Phone Number <u>563.588.5148</u>
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## Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # \_\_\_\_\_ (to be assigned by administrator)

<b>11 Category of Service</b> (only ONE category should be checked) <input type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	<b>15 Contract Number</b> (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>T</u>																																												
<b>12 Form 470 Application Number</b> (15 digits)	<b>16 Billing Account Number</b> (e.g., billed telephone number) <u>5635885100</u>																																												
<b>13 SPIN - Service Provider Identification Number</b> (9 digits) <u>143005231</u>	<b>17 Allowable Vendor Selection/Contract Date</b> (mm/dd/yyyy) (based on Form 470 filing) <u>04/09/1998</u>																																												
	<b>18 Contract Award Date</b> (mm/dd/yyyy) <u>05/07/1998</u>																																												
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	<b>19b Service End Date</b> (mm/dd/yyyy) (use only for "T" or "MTM" services) <u>06/30/2001</u>																																												
<b>14 Service Provider Name</b> <u>US WEST (QWEST)</u>	<b>20 Contract Expiration Date</b> (mm/dd/yyyy) <u>05/06/2003</u>																																												
<b>21 Description of This Service:</b>	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>TJ-2</u>																																												
<b>22 Entity/Entities Receiving This Service:</b>	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>																																												
<b>23 Calculations</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>\$ 1,380.00</td> <td>\$ 0.00</td> <td>\$ 1,380.00</td> <td>12</td> <td>\$ 16,560.00</td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>\$ 16,560.00</td> <td>53%</td> <td>\$ 8,776.80</td> </tr> </tbody> </table>		Recurring Charges					Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	\$ 1,380.00	\$ 0.00	\$ 1,380.00	12	\$ 16,560.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,560.00	53%	\$ 8,776.80
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Entity Number 000013244B  
Contact Person CHARLIE ELLISApplicant's Form Identifier 2000-2001471TJ  
Phone Number 563.588.5148**Block 6: Certifications and Signature**

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☒ an individual technology plan for using the services requested in this application; and/or
  - b ☒ higher-level technology plan(s) for using the services requested in this application; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved; and/or
  - b ☐ technology plan(s) will be approved by a state or other authorized body; or
  - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person

35 Date

36 Printed name of authorized person

DR. JANE PETREK

37 Title or position of authorized person

SUPERINTENDENT OF SCHOOLS

38 Telephone number of authorized person: (563) 588-5102, ext. \_\_\_\_\_

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.



Entity Number <u>000013244B</u>	Applicant's Form Identifier <u>2000-2001471TJ</u>
Contact Person <u>CHARLIE ELLIS</u>	Phone Number <u>563.588.5148</u>

**NOTICE TO INDIVIDUALS:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471  
P.O. Box 7026  
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
(888) 203-8100**

Entity Number: 132448

Year Three Request

Block 5 Discount Funding Request

Block 5, Item 21 (Description of This Service) Attachment #TJ-1

**Description of Service**

Leased Line charges for T-1 connections from school buildings listed below to US West Central Office.

<b>Locations</b>
Hempstead High School
Central Alternative
Washington Junior High
Jones Junior High
Jefferson Junior High
Table Mound School
Prescott School
Marshall School
Lincoln School
Kennedy School
Eisenhower School
Irving School
Hoover School
Fulton Schools
Eisenhower School
Bryant School
Audubon School
Sageville School
Senior School

17 Schools @ \$120.00      \$120.00

     x 17

\$2,040.00

Eisenhower \$432.00

Sageville \$320.00

\$2,792.00

Entity Number: 132448

Year Three Request

Block 5 Discount Funding Request

Block 5, Item 21 (Description of This Service) Attachment #TJ-2

**Description of Service**

Leased line charges for a DS-3 connection from the US West Central Office to The Forum, the district's central office. The DS-3 serves the school buildings listed below.

Locations
Hempstead High School
Central Alternative
Washington Junior High
Jones Junior High
Jefferson Junior High
Table Mound School
Prescott School
Marshall School
Lincoln School
Kennedy School
Eisenhower School
Irving School
Hoover School
Fulton Schools
Eisenhower School
Bryant School
Audubon School
Sageville School
Senior School

\$1,380.00 per month

# Area Education Agency Checklist

[Area Education Agency (AEA) checklist to certify that the local education agency comprehensive school improvement plan (CSIP) has the following technology components for e-rate and school improvement technology fund applications]

School District: Name Dubuque Community School District Contact Person Charlie Ellis

AEA # 1 AEA Certifying Signature Charles M. Shuley

Date 9/20/2000

These contents are required only if the CSIP functions as the technology plan for an application for e-rate funding. This is based on the integration of technology as part of the CSIP as outlined in 12.5(4)"K", 12.5(10), and 12.3(1)"c"(2) [Content standards and benchmarks], 12.3(3)"b"(7), Section 255E.7 and 295.3. It is seen as supplemental to the requirements of the Schools and Libraries Division (SLD). Requirements may appear in multiple places in the plan and in a locally determined format. Any items listed below that do not apply to accredited nonpublic schools are indicated by "".

Write in each blank the page(s) on which documentation appears in the CSIP. (Some items may be included in appendices to the CSIP.) Technology requirements from Chapter 12 will be validated during comprehensive site visits.

Page Number(s)

Requirements

A. Addendum #2

The plan must establish clear goals and a realistic strategy for using telecommunications and information technology to improve education or library services.

Technology Standards

B. Addendum #2

(CSIP Requirement) Technology utilization shall focus on the attainment of student achievement goals for academic and other areas. ""

Technology Stds.

Iowa Code Chapter 295.3. If you meet this requirement, you meet the requirement for letter A above.)

C. CSIP p. 16

The plan must have a professional development strategy to ensure that staff knows how to use these new technologies to improve education or library services.

#14

D. CSIP p. 22

(CSIP Requirement) The school district shall document consideration of interconnectivity with the Iowa Communications Network. ""

Iowa Code Chapter 295.3

E. Addendum #3

The plan must include an assessment of the telecommunication services, hardware, software, and other services that will be needed to improve education or library services.

The plan must include actions that will improve hardware.

F. Addendum #3

The plan must provide for a sufficient budget to acquire and support the non-discounted elements of the plan: the hardware, software, professional development, and other services that will be needed to implement the strategy; (this can be an appendix to the CSIP and does not have to be in the plan).

G. Addendum #3

The plan must include an evaluation process that enables the school or library to monitor progress toward the specified goals and make mid-course corrections in response to new developments and opportunities as they arise.

NOTE: A copy of this form must accompany the CSIP that is to be filed at the AEA. AEAs should return a copy of the signed document to each filing organization for their records.

486

FINAL  
CHAS COPY  
YEAR 3

## Schools and Libraries Universal Service

### Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity  
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours  
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier 48603  
(Create your own code to identify THIS Form 486)

Form 486-1000-1001  
(For use by Schools and Libraries)

#### Block 1: Billed Entity Information

1. Name of Billed Entity <b>DUBUQUE COMM SCHOOL DISTRICT</b>	2. Billed Entity Number <b>132448</b>	3. Funding Year <b>3</b>
4. Complete Mailing Address of Billed Entity		
Street Address, P. O. Box or Route Number <b>2300 CHANEY ROAD</b>		
City <b>DUBUQUE</b>	State <b>IA</b>	Zip Code <b>52001</b>
10-Digit Telephone Number <b>563-588-5100</b>	Fax Telephone Number <b>563-588-8377</b>	E-Mail Address <b>rgoerdt@dubuque.k12.ia.us</b>

#### 5. Contact Person Information

Contact Person Name  
**RON GOERDT**

Mailing Address (if different from Item 4)  
Street Address, P. O. Box or Route Number City State Zip Code

☐ 10-Digit Telephone Number **563-588-5128** ☐ Fax Telephone Number **563-588-8377** ☒ E-Mail Address **rgoerdt@dubuque.k12.ia.us**

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Entity Number 132448 Applicant's Form Identifier 48603  
Contact Person RON GOERDT Phone Number 563-588-5128

**Block 2a: FUNDING YEAR 4 ONLY — Early Filing Information**

**ITEM 6A: FOR FUNDING YEAR 4 (THE FUNDING YEAR BEGINNING JULY 1, 2001)**

6A. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNs ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* OCTOBER 28, 2001.

- ☐ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before October 28, 2001.

**Remember:** Early filing for Funding Year 4 using Item 6A is an option if and **ONLY** if services will start on or before October 28, 2001, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before October 28, 2001.

**Block 2b: FUNDING YEARS AFTER FUNDING YEAR 4 — Early Filing Information and CIPA Waiver Request**

**ITEMS 6B and 6C: FOR FUNDING YEARS AFTER FUNDING YEAR 4 (FUNDING YEARS BEGINNING JULY 1, 2002 OR LATER)**

6B. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

- ☐ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

**Remember:** Early filing for Funding Years after Funding Year 4 using Item 6B is an option if and **ONLY** if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6C. **CIPA WAIVER.** CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

- ☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

**NOTE: YEAR 3 REQUEST**

Entity Number 132448 Applicant's Form Identifier 48603  
 Contact Person RON GOERDT Phone Number 563-588-5128

### Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here. Page 3 \_\_\_\_

	(A) 471 Application Number  (10 digits)  From FCDL	(B) Funding Request Number (FRN)  (10 digits)  From FCDL	(C) Billing Account Number  (required if contained on your FCDL)	(D) Service Provider Name  From FCDL	(E) Service Provider Identification Number (SPIN)  (9 digits)  From FCDL	(F) Funding Year Service Start Date*  (Earliest Date that Discounts Will Begin)  (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.) (mm/dd/yyyy)
1	0000 181693	0000 311983	3195885100	US WEST COMMUNICATIONS, INC.	143005231	07/01/2000
2	0000 135173	0000 201919	NOT CONTAINED	US WEST	143005231	07/01/2000
3	0000 135174	0000 201959	NOT CONTAINED	US WEST	143005231	07/01/2000
4						
5						
6						
7						
8						

NOTE: #2 AND #3 INFORMATION ABOVE IS FROM YEAR 2 FCDL. FOR YEAR 3, WE WERE INSTRUCTED THAT WE WERE ONLY MAKING A MINOR MODIFICATION TO AN EXISTING CONTRACT CITED FROM YEAR 2 (BLOCK 2, #7 OF FORM 471).

Entity Number 132448 Applicant's Form Identifier 48603  
Contact Person RON GOERDT Phone Number 563-588-5128

#### Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.  
KEYSTONE AREA EDUCATION AGENCY, ELKADER, IOWA
9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

#### NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

- A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d.
- A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 4 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 4 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

#### 11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a ☐ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- c ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.



Entity Number	132448	Applicant's Form Identifier	48603
Contact Person	RON GOERDT	Phone Number	563-588-5128

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES<sup>1</sup>:

- d ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e ☐ I certify as the Billed Entity for the consortium that the only services that I have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 4: If you checked Item 11d above, check ONE of the boxes below:

- f ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g ☐ I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

<sup>1</sup> See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

12. Signature of authorized person	13. Date
14. Printed name of authorized person DR. JANE PETREK	
15. Title or position of authorized person SUPERINTENDENT OF SCHOOLS	
16. Telephone number of authorized person 563-588-5102	

Please submit this form to:

**SLD-Form 486  
P. O. Box 7026  
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

**SLD-Form 486  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100**